

Check A Box
Paragraph Specimen

**MULTIPLE DEFENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM 10-576)**

SERIAL NO.

FILING DATE

10/00-073

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND.		DEP.		IND.		DEP.	
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